

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18370

State File No.

Registration District No. 325

Primary Registration District No. 6089

Registrar's No. 656

1. PLACE OF DEATH

(a) County Saline
(b) City or town Chambers township Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Florence Nolte

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Nolte 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased 12 (Month) 1 (Day) 1900 (Year)

8. AGE: Years Months Days If less than one day
47 5 12 hr. min.

9. Birthplace Effingham (City, town, or county) Ill. (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Joe Haeflicher
13. Birthplace Effingham (City, town, or county) Ill. (State or foreign country)
14. Maiden name Anna Bernhard
15. Birthplace Effingham (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs. Betty Cook

(b) Address Blackburn MO

17. (c) Burial (b) Date thereof 5-14-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackburn City Cem.

18. (a) Signature of funeral director B. S. Meinershagen

(b) Address Wigginsville MO

19. (a) 5/17/1948 (b) Dolley Andrew
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Blackburn (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 13 day
year 1948 hour 9-45 minute A. M.

21. I hereby certify that I attended the deceased from May 9 1948 to May 13 1948
that I last saw May 13 alive on May 13 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Carcinoma of Liver

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 465
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature L. S. James M.D. (M. D. or other)
Address Blackburn MO Date signed 5/13/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-25-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 1095

P. O. Address Higginsville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.